

Nothing by mouth including chewing gum, hard candy or mints  
3 hours prior to procedure or risk delay or cancellation

## PREPOPIK PREPARATION FOR COLONOSCOPY

Your Procedure is with Doctor \_\_\_\_\_ Date \_\_\_\_\_ @ \_\_\_\_\_

- 2550 Windy Hill Rd. Suite 302, Marietta (770-226-9070) Arrival Time: \_\_\_\_\_
- 880 Crestmark Dr. Suite 102, Lithia Springs (678-388-2040)
- 118 Mill St. Suite 100, Woodstock (678-819-4281) Scheduler: \_\_\_\_\_

The following are instructions for the procedure. **Please read both sides of the instructions carefully.** You must complete the entire checklist: You must be on clear liquids only the entire day before the procedure, No solid foods until after the procedure. **No clear liquids 3 hours prior to procedure or risk delay or cancellation.** Your stomach must be empty!

**Seven (7) days prior to your procedure:**

- **You will need to fill the prescription attached at any pharmacy.**
- Please stop taking iron supplements or any multi-vitamins containing iron.
- Please make arrangements for an adult to stay at the facility for the duration of your procedure and drive you home.  
**\*\*NO Driver = NO Procedure!**
- If you have major health problems or an internal defibrillator you should discuss your health history with the anesthesiologist at the center. Please contact them as soon as possible by calling your assigned center at the phone number above.

**Five (5) days prior to your procedure:**

- ***If approved by the prescribing physician stop taking ANY BLOOD THINNERS such as: Aspirin, Plavix, Coumadin, Effient, Xarelto, Aggrenox, Brilinta, Lovenox, Arixtra, Pletal or Pradaxa.***
- **If you have not received instructions on managing these medications please call 678-741-5000 immediately.**

**Three (3) days prior to your procedure:**

- Review all the endoscopy consents and fill out health history, if you did not do so recently at the office.

**One (1) day prior to your procedure:**

- **Clear liquid diet for the entire day** (see attached list). **No solid foods until after the procedure.**

**\*\*\*\*\* DO NOT FOLLOW INSTRUCTIONS THAT COME WITH THE PRODUCT, FOLLOW INSTRUCTION BELOW \*\*\*\*\***

**If your procedure time is scheduled BEFORE 10am follow the instructions below:**

- [ ] **At 4:00pm** on the day BEFORE your procedure:
- **Step One:** Fill the dosing cup provided in the kit with cold water to the lower (5oz) line.
- **Step Two:** Pour in the contents of one (1) packet. Stir for 2-3 minutes until dissolved. Drink the entire contents.
- **Step Three:** Follow with five (5) 8oz drinks of clear liquid, taken at your pace, within the next 5 hours.
- [ ] **At 10:00pm**, repeat steps ONE and TWO. Follow with five (5) 8oz drinks of clear liquids within 2 hours before bed.
- **No clear liquids or chewing gum 3 hours prior to procedure or risk delay and/or cancellation.**

**If your procedure time is scheduled 10AM or LATER, follow the instructions below:**

- [ ] Starting at 6:00 pm on the day BEFORE your procedure:
- **Step One:** Fill the dosing cup provided in the kit with cold water to the lower (5oz) line.
- **Step Two:** Pour in the contents of one (1) packet. Stir for 2-3 minutes until dissolved. Drink the entire contents.
- **Step Three:** Follow with five (5) 8oz drinks of clear liquid, taken at your pace, within the next 2 hours before bed.

**\*\*\*\*\* If you are on insulin, take only a half dose the evening before your procedure. \*\*\*\*\***

**Continued on Back**

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**The day of your procedure:**

- [ ] At 5:00 am, repeat steps ONE and TWO. Follow with at least five (5) 8oz drinks of clear liquids within 2 hours before the colonoscopy.

**No clear liquids or chewing gum 3 hours prior to procedure or risk delay and/or cancellation.**

- When finished with the prep, your bowel movements should be watery and see-through and free of solids (flecks are ok). The color may appear clear to yellow, green or tan.
- Take prescribed medications with a small sip of water with the exception of insulin and other diabetic medications.
- **Do not take any insulin** the morning of your procedure.
- If you use an inhaler, bring it with you to your procedure.
- Please do not wear jewelry, including body piercings, or lotion to the center.

\*\*\*\*\***Plan on a four (4) hour stay**\*\*\*\*\*

**A patient representative/responsible party is necessary because of the use of sedation. The doctor will not perform the procedure without knowing that a responsible party is in the waiting area.**

**The responsible party must:**

- **Be at least 18 years of age**
- **Remain at the facility the entire time**
- **Receive discharge instructions and pertinent medical information**
- **Possibly need to assist the patient with dressing**
- **Drive the patient home**

\*\*\*\*\* ***If you have any questions, please contact our office at any time at 678-741-5000.*** \*\*\*\*\*

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**CLEAR LIQUID DIET INSTRUCTIONS**

This diet provides foods which will leave minimal residue in the intestinal tract.

***If you are having a colonoscopy or flexible sigmoidoscopy, please do not use any artificially colored red, purple or orange liquids such as Punch flavored Gatorade® or red Popsicles®.***

<b><u>GROUP</u></b>	<b><u>LIQUIDS ALLOWED</u></b>
Fruit Juice	Apple juice, White grape juice.
Beverages	Black coffee, tea, carbonated beverages such as Sprite® or Coca-Cola®, Gatorade®, Powerade®, Kool-Aid®, strained lemonade. ** Make sure to AVOID all red, purple and orange coloring.
Protein	Clear broth or bouillon soups
Desserts/Sweets	Popsicles®, fruit flavored ices, flavored gelatin, Jell-O and clear hard candy. ** Make sure to AVOID all red, purple and orange coloring.
Seasoning	Lemon juice or honey for tea. Sugar for coffee. ** NO creamer.

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